## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## St. Catherine Hospital

City: East Chicago County: Lake Year: 2003

Provider Type: General Acute

I. Inpatient Care					
Hospital Service Description				Average Charge Per Discharge	
Burn Care	0	0	0	\$0	
Cardiac Intensive	15	371	3,494	\$8,382	
ICU Med/Surg	24	1,555	7,552	\$2,777	
ICU Neonatal	0	0	0	\$0	
ICU Pediatric	0	0	0	\$0	
Medical/Surgical	63	4,083	18,830	\$1,419	
Neonatal Intermed	0	0	0	\$0	
Obstetrics	9	661	1,369	\$2,301	
Pediatric	9	498	1,495	\$1,125	

Psychiatric	0	0	0	\$0
Rehabilitation	23	578	5,634	\$3,548
Substance Abuse	18	429	5,655	\$7,042
Swing Beds	NA	0	0	\$0
Other Services	12	38	131	NA
Acute Subtotal	173	8,213	44,160	NA
Normal Newborn	9	640	1,285	\$0

II. Outpatient Visits					
Circulatory System	4,637	Digestive System	2,613		
Endocrine System	6,148	Injuries and Poison	17,262		
Mental Disorder	858	Musculoskeletal	5,378		
Neoplasms	1,333	Nervous	1,843		
Respiratory	3,842	Urinary	4,516		
Other/Unknown	23,964	Total Visits	72,394		
Number of Visits to Emerge	19,296				
Percent of Emergency Department Visits of Total Visits			26.7%		

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## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
Y - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
Y - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

**Health Care Regulatory Services** 

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